

Public Health Preparedness and Situational Awareness Report: #2019:48

Reporting for the week ending 11/30/19 (MMWR Week #48)

December 6th, 2019

CURRENT HOMELAND SECURITY THREAT LEVELS

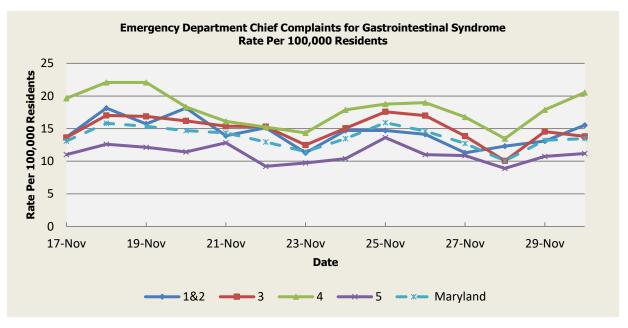
National: No Active Alerts

Maryland: Normal (MEMA status)

SYNDROMIC SURVEILLANCE REPORTS

ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics): Graphical representation is provided for all syndromes (excluding the "Other" category; see Appendix 1) by Health and Medical Regions (See Appendix 2). Emergency department chief complaint data is presented as rates per 100,000 residents using data from the 2010 census. Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE). Baltimore, MD: Maryland Department of Health; 2019.

Gastrointestinal Syndrome

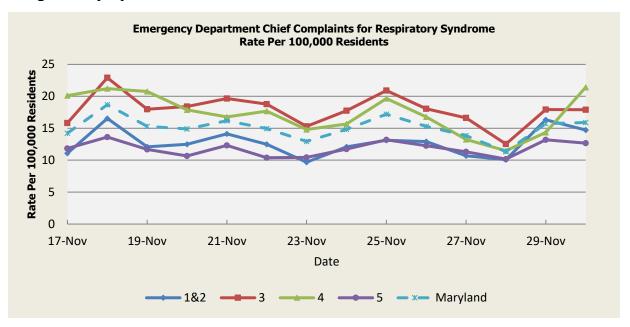


There were no Gastrointestinal Syndrome outbreaks reported this week.

	Gastrointestinal Syndrome Baseline Data January 1, 2010 - Present						
Health Region	1&2	3	4	5	Maryland		
Mean Rate*	13.32	15.08	15.95	10.27	13.15		
Median Rate*	13.11	14.87	15.46	10.17	13.02		

^{*} Per 100,000 Residents

Respiratory Syndrome

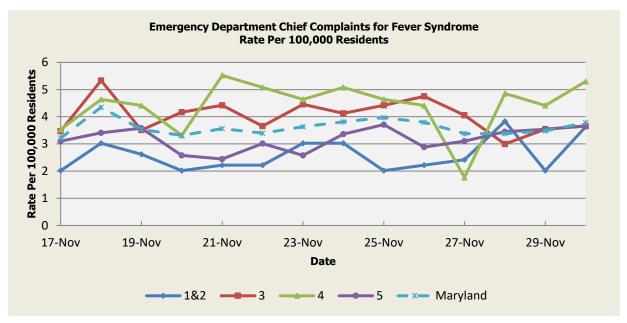


There were no Respiratory Syndrome outbreak reported this week.

	Respiratory Syndrome Baseline Data January 1, 2010 - Present						
Health Region	1&2	3	4	5	Maryland		
Mean Rate*	12.64	14.73	15.07	9.96	12.75		
Median Rate*	12.10	14.21	14.35	9.65	12.28		

^{*} Per 100,000 Residents

Fever Syndrome

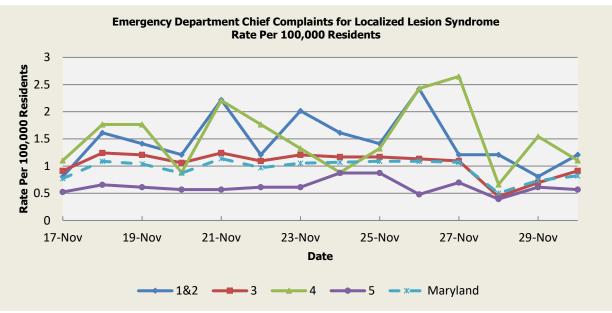


There were no Fever Syndrome outbreaks reported this week.

	Fever Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland	
Mean Rate*	3.08	3.90	4.12	3.04	3.52	
Median Rate*	3.02	3.80	3.97	2.92	3.40	

*Per 100,000 Residents

Localized Lesion Syndrome

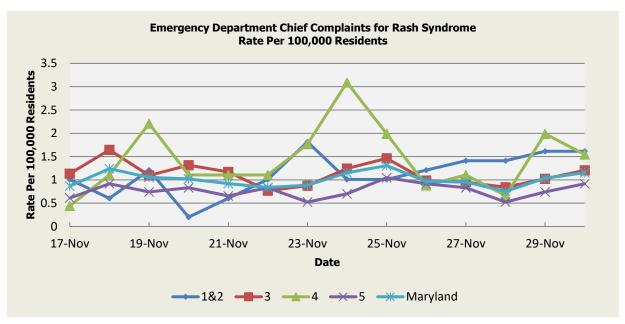


There were no Localized Lesion Syndrome outbreaks reported this week.

	Localized Lesion Syndrome Baseline Data January 1, 2010 - Present						
Health Region	1&2	3	4	5	Maryland		
Mean Rate*	1.17	1.78	2.05	0.91	1.42		
Median Rate*	1.01	1.72	1.99	0.87	1.37		

^{*} Per 100,000 Residents

Rash Syndrome

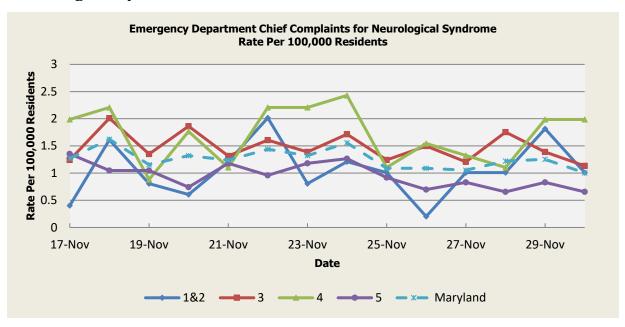


There was one (1) Rash Syndrome outbreak reported this week, 1 outbreak of Hand, Foot, and Mouth Disease associated with a Daycare Center (Region 3)

	Rash Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland	
Mean Rate*	1.25	1.67	1.76	0.98	1.38	
Median Rate*	1.21	1.61	1.77	0.92	1.32	

^{*} Per 100,000 Residents

Neurological Syndrome

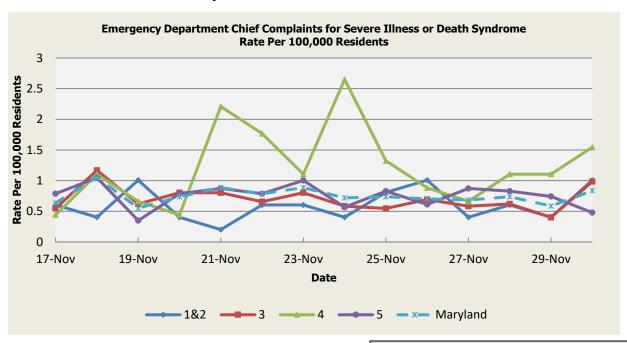


There were no Neurological Syndrome outbreaks reported this week.

	Neurological Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland	
Mean Rate*	0.79	0.97	0.88	0.61	0.81	
Median Rate*	0.81	0.88	0.88	0.57	0.72	

^{*} Per 100,000 Residents

Severe Illness or Death Syndrome



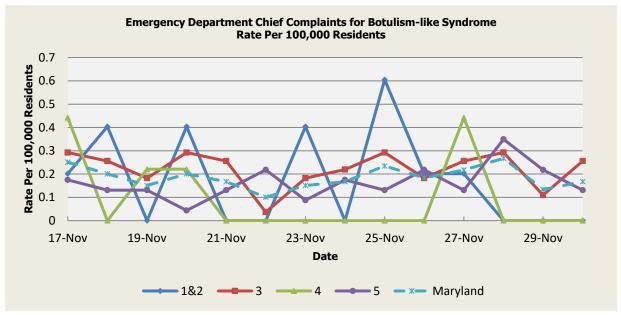
There were no Severe Illness or Death Syndrome outbreaks reported this week.

	Severe Illness or Death Syndrome Baseline Data January 1, 2010 - Present						
Health Region	1&2	3	4	5	Maryland		
Mean Rate*	0.66	0.89	0.84	0.52	0.73		
Median Rate*	0.60	0.84	0.66	0.48	0.70		

^{*} Per 100,000 Residents

SYNDROMES RELATED TO CATEGORY A AGENTS

Botulism-like Syndrome

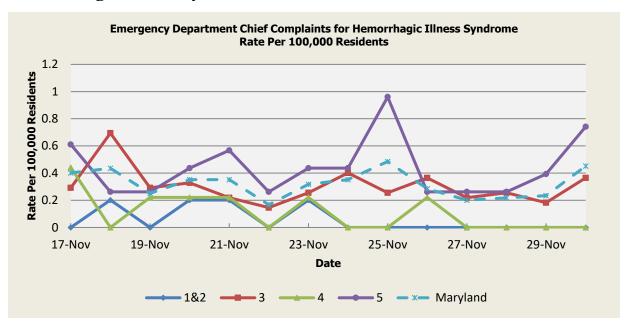


There was an appreciable increase above baseline in the rate of ED visits for Botulism-like Syndrome, 11/17 (Regions 1&2,3,4,5), 11/18 (Regions 1&2), 11/19 (Region 4), 11/20 (Regions 1&2,3,4), 11/22 (Region 5) 11/23 (Region 1&2), 11/24 (Region 5), 11/25 (Regions 1&2,3), 11/26 (Regions 1&2,5), 11/27 (Regions 1&2,4), 11/28 (Regions 3,5), 11/29 (Region 5). These increases are not known to be associated with any outbreaks.

	Botulism-like Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland	
Mean Rate*	0.08	0.13	0.06	0.08	0.10	
Median Rate*	0.00	0.11	0.00	0.04	0.08	

* Per 100,000 Residents

Hemorrhagic Illness Syndrome

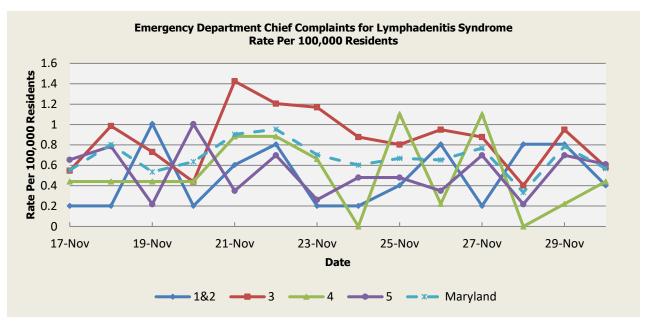


There was an appreciable increase above baseline in the rate of ED visits for Hemorrhagic Illness Syndrome, 11/17 (Regions 4,5), 11/18 (Regions 1&2,3,5), 11/19 (Regions 4,5), 11/20 (Regions 1&2,3,4,5), 11/21 (Regions 1&2,4,5), 11/22 (Region 5), 11/23 (Regions 1&2,4,5), 11/24 (Region 5), 11/25 (Region 5), 11/26 (Regions 3,4,5), 11/27 (Region 5), 11/28 (Region 5), 11/29 (Region 5), 11/30 (Regions 3,5). These increases are not known to be associated with any outbreaks.

	Hemorrhagic Illness Syndrome Baseline Data January 1, 2010 - Present						
Health Region	1&2	3	4	5	Maryland		
Mean Rate*	0.04	0.16	0.04	0.13	0.13		
Median Rate*	0.00	0.11	0.00	0.09	0.08		

^{*} Per 100,000 Residents

Lymphadenitis Syndrome



There was an appreciable increase above baseline in the rate of ED visits for Lymphadenitis Syndrome, 11/18 (Region 5), 11/19 (Region 1&2), 11/20 (Region 5), 11/21 (Regions 3,4), 11/22 (Regions 1&2,3,4), 11/25 (Region 4), 11/26 (Region 1&2), 11/27 (Region 4), 11/28 (Region 1&2), 11/29 (Region 1&2). These increases are not known to be associated with any outbreaks.

	Lymphadenitis Syndrome Baseline Data January 1, 2010 - Present						
Health Region	1&2	3	4	5	Maryland		
Mean Rate*	0.39	0.60	0.41	0.39	0.49		
Median Rate*	0.40	0.51	0.44	0.35	0.44		

^{*} Per 100,000 Residents

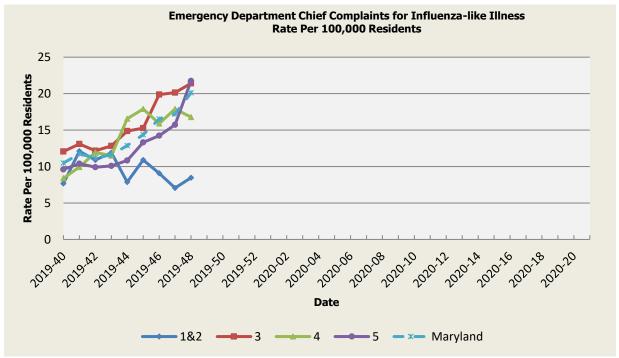
MARYLAND REPORTABLE DISEASE SURVEILLANCE

Reportable disease data from the National Electronic Disease Surfeeds into ESSENCE is currently being validated. We will include once the validation process is complete.	
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SYNDROMIC INFLUENZA SURVEILLANCE

Seasonal Influenza reporting occurs from MMWR Week 40 through MMWR Week 20 (October 2019 through May 2020). Seasonal Influenza activity for Week 48 was: Moderate Activity and Local geographic activity.

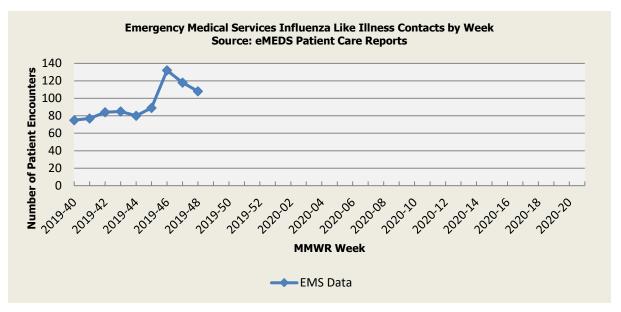
Influenza-like Illness



	Influenza-like Illness Baseline Data Week 1 2010 - Present					
Health Region	1&2	3	4	5	Maryland	
Mean Rate*	10.12	13.26	12.76	11.23	12.16	
Median Rate*	7.66	10.38	9.27	8.82	9.49	

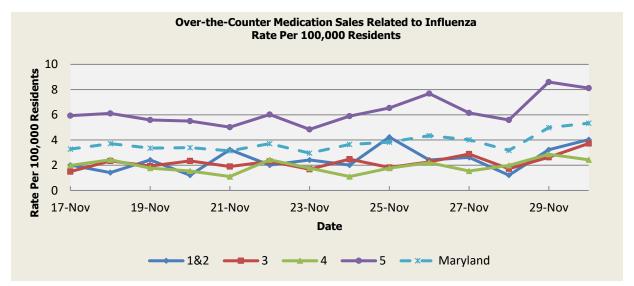
^{*} Per 100,000 Residents

Influenza-like Illness Contacts by Week



Disclaimer on eMEDS flu related data: These data are based on EMS Pre-hospital care reports where the EMS provider has selected "flu like illness" as a primary or secondary impression of a patient's illness. This impression is solely based on the signs and symptoms seen by the provider, not on any diagnostic tests. Since these numbers do not include all primary or secondary impressions that may be seen with influenza the actual numbers may be low. These data are reported for trending purposes only.

Over-the-Counter Influenza-Related Medication Sales

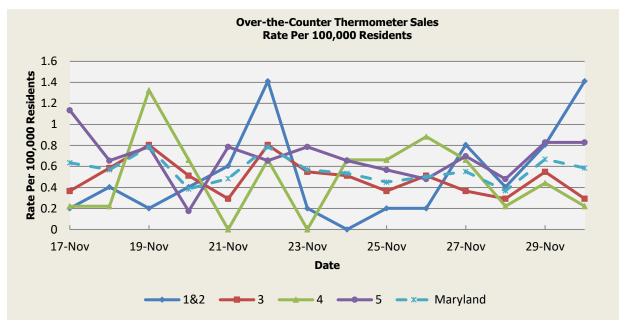


There was not an appreciable increase above baseline in the rate of OTC thermometer sales during this reporting period.

	OTC Medication Sales Baseline Data January 1, 2010 - Present				
Health Region	1&2	3	4	5	Maryland
Mean Rate*	3.44	4.42	2.66	7.76	5.48
Median Rate*	2.82	3.54	2.21	6.94	4.69

^{*} Per 100,000 Residents

Over-the-Counter Thermometer Sales



There was not an appreciable increase above baseline in the rate of OTC thermometer sales during this reporting period.

	Thermometer Sales Baseline Data January 1, 2010 - Present				
Health Region	1&2	3	4	5	Maryland
Mean Rate*	2.90	2.76	2.20	3.67	3.08
Median Rate*	2.62	2.67	1.99	3.62	3.03

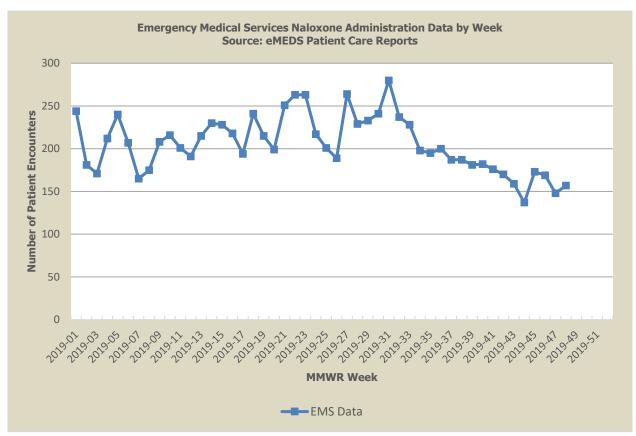
^{*} Per 100,000 Residents

SYNDROMIC OVERDOSE SURVEILLANCE

The purpose of this section is to characterize non-fatal ED visit trends for acute unintentional overdose by Heroin, Opioid or Unspecified substance among Maryland residents captured by ESSENCE data, including chief complaint and discharge diagnosis. ED visits that are identified as unintentional overdose by Heroin, Opioid or Unspecified substance include those with medical and non-medical use of a prescription Opioid or where the substance is not specified, given evidence that most fatal overdoses are Opioid-related.

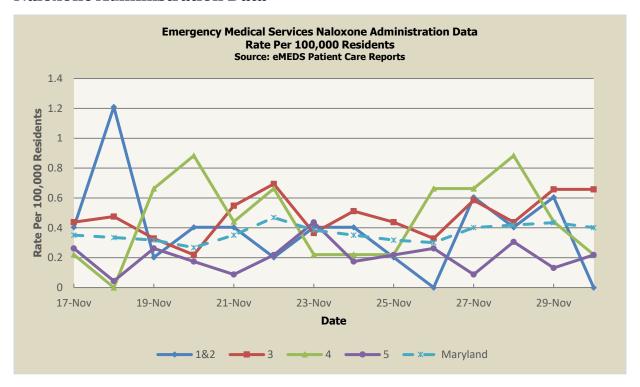
In preparation for the release of new ESSENCE queries for identifying heroin, opioid and all drug overdoses, please note that we have removed the data chart showing unintentional overdose rates by heroin, opioid, or unspecified substances. These new data, when available, will be presented below.

Naloxone Administration Data by Week



Disclaimer on eMEDS naloxone administration related data: These data are based on EMS Pre-hospital care reports where the EMS provider has documented that they administered naloxone. The administration of naloxone is based on the patient's signs and symptoms and not on any diagnostic tests. These data are reported for trending purposes only.

Naloxone Administration Data



Disclaimer on eMEDS Naloxone administration related data: These data are based on EMS Pre-hospital care reports where the EMS provider has documented that they administered naloxone. The administration of naloxone is based on the patient's signs and symptoms and not on any diagnostic tests. These data are reported for trending purposes only.

PANDEMIC INFLUENZA UPDATE / AVIAN INFLUENZA-RELATED REPORTS

WHO update: The current WHO phase of pandemic alert for avian influenza is ALERT. Currently, the avian influenza H5N1 virus continues to circulate in poultry in some countries, especially in Asia and northeast Africa. This virus continues to cause sporadic human infections with some instances of limited human-to-human transmission among very close contacts. There has been no sustained human-to-human or community-level transmission identified thus far.

Influenza A (H7N9) is one of a subgroup of influenza viruses that normally circulate among birds. Until recently, this virus had not been seen in people. However, human infections have now been detected. Presently, there is limited information about the scope of the disease the virus causes and about the source of exposure. The disease is of concern because most patients have been severely ill. There is no indication thus far that it can be transmitted between people, but both animal-to-human and human-to-human routes of transmission are being actively investigated.

Alert phase: This is the phase when influenza caused by a new subtype has been identified in humans. Increased vigilance and careful risk assessment, at local, national, and global levels are characteristic of this phase. If the risk assessments indicate that the new virus is not developing into a pandemic strain, a de-escalation of activities towards those in the interpandemic phase may occur. As of December 5th, 2019, the WHO-confirmed global total (2003-2019) of human cases of H5N1 avian influenza virus infection stands at 861, of which 455 have been fatal. Thus, the case fatality rate for human H5N1 is approximately 53%.

AVIAN INFLUENZA

There were no relevant avian influenza reports this week

HUMAN AVIAN INFLUENZA

There were no relevant human avian influenza reports this week

NATIONAL DISEASE REPORTS

E COLI EHEC (**MULTISTATE**), 5 Dec 2019, Since the previous update on 26 Nov 2019, an additional 35 ill people have been reported. As of 2 Dec 2019, a total of 102 people infected with the outbreak strain of _E. coli_ O157:H7 have been reported from 23 states. Read More: https://promedmail.org/promed-post/?id=6823296

EASTERN EQUINE ENCEPHALITIS (GEORGIA), 4 Dec 2019, A mystery illness left a little girl in the hospital for a month. Now, the family has answers, but no cure. Doctors pinpointed it to a mosquito borne virus. Read more: https://promedmail.org/promed-post/?id=6821543

LEGIONELLOSIS (**TEXAS**), 30 Nov 2019, Authorities say a hot tub display at an East Texas state fair in September [2019] is the likely source of contamination which led to a legionnaires'

disease outbreak that killed one person and sickened 7 others. Read More: https://promedmail.org/promed-post/?id=6810060

INTERNATIONAL DISEASE REPORTS

POLIOMYELITIS (**MULTINATIONAL**), 5 Dec 2019, 1 wild poliovirus type 1 (WPV1) case was reported this week from Kandahar district. The onset of paralysis was [10 Nov 2019]. There are 22 WPV1 cases reported in 2019. There were 21 WPV1 cases reported in 2018. Read More: https://promedmail.org/promed-post/?id=6825455

NIPAH VIRUS (INDIA), 5 Dec 2019, Out of the 7 patients who were admitted to the hospital suspecting Nipah virus infection, one has been tested positive while the other 6 have been tested negative. Read More: https://promedmail.org/promed-post/?id=6825275

LEISHMANIASIS (**SYRIA**), 5 Dec 2019, [Leishmaniasis] is spreading widely among residents of Deir ez-Zor, and especially children. Read more: https://promedmail.org/promed-post/?id=6824675

WEST NILE VIRUS (YEMEN), 5 Dec 2019, Taiz health official: 24 laboratory-confirmed cases of West Nile virus and more than 300 suspected cases. Read More: https://promedmail.org/promed-post/?id=6824674

JAPANESE ENCEPHALITIS (INDIA), 5 Dec 2019, Bihar Health Minister Mangal Pandey on [Sat 30 Nov 2019] said the state government is doing its best to save children, as the death toll due to acute encephalitis syndrome [AES] in Muzaffarpur mounted to 73. Read More: https://promedmail.org/promed-post/?id=6823952

RABIES (**BOLIVIA**), 5 Dec 2019, After confirming the death of rabies of a 7-year-old girl in the southern area of Cochabamba, the Departmental Health Service (SEDES) and the Zoonosis Unit of the Mayor's Office intensified prevention actions to prevent the proliferation of the virus. Read More: https://promedmail.org/promed-post/?id=6823876

HANTAVIRUS (**CHILE**), 4 Dec 2019, The ISP [Public Health Institute] confirmed the 1st hantavirus [infection] case in the O'Higgins region [of 2019]. The affected individual is a 32-year-old woman, resident of San Vicente. Read More: https://promedmail.org/promed-post/?id=6823561

SYPHILIS (**CANADA**), 3 Dec 2019, In 2018, there were 919 cases of infectious syphilis (that is, primary, secondary, and early latent syphilis) reported in British Columbia (18.4 per 100 000), an increase of 35% from 2017 (n=683). Read More: https://promedmail.org/promed-post/?id=6819623

PERTUSSIS UPDATE (CANADA), 3 Dec 2019, The Timiskaming Health Unit is investigating 7 cases of whooping cough (pertussis), with exposures at Ecole Catholique Sainte-Croix, Ecole Catholique St-Michel, and Ecole Secondaire Catholique Sainte-Marie. Read More: https://promedmail.org/promed-post/?id=6814919

CRYPTOSPORIDIOSIS (**SWEDEN**), 3 Dec 2019, In a follow-up on a previous report on the _Cryptosporidium_ outbreak in Sweden, the Public Health Authority, or Folkhalsomyndigheten, reports more than 300 cases of cryptosporidiosis in October and November. Read More: https://promedmail.org/promed-post/?id=6818794

MERS-COV (SAUDI ARABIA), 1 Dec 2019, In the period since the last update (13 Nov 2019, MERS-CoV (69): Saudi Arabia (RI, AS, MK) 20191113.6776647), there have been a total of 3 newly confirmed cases of MERS-CoV infection reported by Saudi Arabia and 11 newly reported outcomes (2 deaths and 9 recoveries). Read More: https://promedmail.org/promed-post/?id=6818598

HEPATITIS A (INDONESIA), 1 Dec 2019, The local administration of Depok has finally elevated the status of its hepatitis A outbreak and considers it to be a full-blown extraordinary occurrence (KLB), compared to its previous partial KLB. Read More: https://promedmail.org/promed-post/?id=6818497

PLAGUE (CHINA), 30 Nov 2019, A new pneumonic plague case has been confirmed in Ulanqab, northern China's Inner Mongolia Autonomous Region, after a herdsman was diagnosed on Wed 27 Nov 2019. Read More: https://promedmail.org/promed-post/?id=6814943

MEASLES UPDATE (**MULTINATIONAL**), 30 Nov 2019, Many countries around the world are experiencing measles outbreaks. As of 5 Nov 2019, there have been 440 263 confirmed cases reported to WHO through official monthly reporting by 187 member states in 2019. Read More: https://promedmail.org/promed-post/?id=6810061

OTHER RESOURCES AND ARTICLES OF INTEREST

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: http://preparedness.health.maryland.gov/ or follow us on Facebook at www.facebook.com/MarylandOPR.

More data and information on influenza can be found on the MDH website: http://phpa.health.maryland.gov/influenza/fluwatch/Pages/Home.aspx

Please participate in the Maryland Resident Influenza Tracking System (MRITS): http://flusurvey.health.maryland.gov

<u>NOTE</u>: This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail us. If you have information that is pertinent to this notification process, please send it to us to be included in the routine report.

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Appendix 1: ESSENCE Syndrome Definitions and Associated Category A Conditions

Syndrome	ESSENCE Definition	Category A Conditions
Botulism-like	(Botulism or (DifficultyFocusing and DifficultySpeaking) or (DifficultySpeaking and DifficultySwallowing) or (DifficultySwallowing and DifficultyFocusing) or DoubleVision or FacialParalysis or GuillainBarre or Ptosis) and not GeneralExclusions	Botulism
Fever	(Chills or (FeverPlus and (Drowsiness or Seizure)) or FeverOnly or SepsisGroup or ViralSyndrome) and not GeneralExclusions	N/A
Gastrointestinal	(AbdominalCramps or AbdominalPainGroup or Diarrhea or FoodPoisoning or Gastroenteritis or GIBleeding or Peritonitis or Vomiting) and not (GeneralExclusions or Gynecological or Obstetric or Reproductive or UrinaryTract)	Anthrax (gastrointestinal)
Hemorrhagic Illness	(FeverOrChills and (AcuteBloodAbnormalitiesGroup or BleedingFromMouth or BleedingGums or GIBleeding or Hematemesis or Hemoptysis or Nosebleed or Petechiae or Purpura)) and not GeneralExclusions	Viral Hemorrhagic Fever
Localized Lesion	(Boils or Bump or Carbuncle or DepressedUlcer or Eschar or Furuncle or InsectBite or SkinAbscess or (SkinSores and not AllOverBody) or SkinUlcer or SpiderBite) and not (GeneralExclusions or Decubitus or Diabetes or StasisUlcer)	Anthrax (cutaneous) Tularemia
Lymphadenitis	(BloodPoisoning or Bubo or CatScratchDisease or SwollenGlands) and not GeneralExclusions	Plague (bubonic)
Neurological	(([Age<75] and AlteredMentalStatus) or (FeverPlus and (Confusion or Drowsiness or Petechiae or StiffNeck)) or Delirium or Encephalitis or Meningitis or UnconsciousGroup) and not GeneralExclusions	N/A
Rash	(ChickenPox or Measles or RashGeneral or Roseola or (Rubella and not Pregnancy) or Shingles or (SkinSores and AllOverBody) or Smallpox) and not GeneralExclusions	Smallpox
Respiratory	(Anthrax or Bronchitis or (ChestPain and [Age<50]) or Cough or Croup or DifficultyBreathing or Hemothorax or Hypoxia or Influenza or Legionnaires or LowerRespiratoryInfection or Pleurisy or Pneumonia or RespiratoryDistress or RespiratoryFailure or RespiratorySyncytialVirus or RibPain or ShortnessOfBreath or Wheezing) and not (GeneralExclusions or Cardiac or (ChestPain and Musculoskeletal) or Hyperventilation or Pneumothorax)	Anthrax (inhalational) Tularemia Plague (pneumonic)
Severe Illness or Death	CardiacArrest or CodeGroup or DeathGroup or (Hypotension and FeverPlus) or RespiratoryArrest or SepsisGroup or Shock	N/A

Appendix 2: Maryland Health and Medical Region Definitions

Health and Medical Region	Counties Reporting to ESSENCE		
	Allegany County		
Pagions 1 & 2	Frederick County		
Regions 1 & 2	Garrett County		
	Washington County		
	Anne Arundel County		
	Baltimore City		
Pagion 3	Baltimore County		
Region 3	Carroll County		
	Harford County		
	Howard County		
	Caroline County		
	Cecil County		
	Dorchester County		
	Kent County		
Region 4	Queen Anne's County		
	Somerset County		
	Talbot County		
	Wicomico County		
	Worcester County		
	Calvert County		
	Charles County		
Region 5	Montgomery County		
	Prince George's County		
	St. Mary's County		

